

## Application for RSCDS Accreditation

Name of School

Full Address

Telephone

Email Address

School Representative

Local Branch (if applicable)

Date of application for  
accreditation

Level of accreditation

Circle as appropriate

Bronze

Silver

Gold

Number of pin badges  
required

Signature ..... Date .....

**Please complete and send this application to:**  
**Julia Parr, Examinations Officer, 12 Coates Crescent, Edinburgh, EH3 7AF**  
**Email – [julia.parr@rscds.org](mailto:julia.parr@rscds.org)**